

IPW

PTO/SB/21 (08-00)

TRANSMITTAL FORM

Application Number 10/619,074

Filing Date July 15, 2003

First Named Inventor Toru TAKAYAMA et al.

Group Art Unit 2823

Examiner Name B. Kebede

Attorney Docket Number 0756-7173

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Attorney Docks

Total Number of Pages in This	Submission	Attorney Docket Number	0756-7173			
ENCLOSURES (check all that apply)						
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s Extension of Time Reques Express Abandonment Re Information Disclosure Sta Certified Copy of Priority Document(s) Response to Missing Parts Incomplete Application	t quest tement	Assignment Papers (for an Application) Drawing(s) Declaration and Power of Attorney Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosures 1. 2. 3. 4. 5. 6.			
Response to Missing Parts under 37 CFR 1.52 or 1.53		The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Individual name	Robinson PMB 955 21010 So	binson, Reg. No. 38,285 Intellectual Property Law Office, F uthbank Street Falls, VA 20165	P.C.			
Signature	1	<u></u>	· .			
Date	9-2	8-05				
CERTIFICATE OF MAILING						
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.						
Type or printed name Adele M Stamper						
Signature	a	When Stamper	Date 9-28-05			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1.1

PTO/SB/17 (10-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 to persons are regarded to respond to a collection of information unless it displays a valid OMB control number.

MARC	Complete if Known	
Application Number	10/619,074	•
Filing Date	July 15, 2003	
First Named Inventor	Toru TAKAYAMA et al.	
Examiner Name	B. Kebede	
Group Art Unit	2823	
Attorney Docket No.	0756-7173	
	Filing Date First Named Inventor Examiner Name Group Art Unit	Application Number 10/619,074 Filing Date July 15, 2003 First Named Inventor Toru TAKAYAMA et al. Examiner Name B. Kebede Group Art Unit 2823

TOTAL AMOUNT OF PAYMENT (\$) 180.00	Attorney Docket No. 0756-7173				
METHOD OF PAYMENT	FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge indicated	3. ADDITIONAL FEES	-			
fees and credit any overpayments to:	Large Small Entity Entity				
Count Sumber 50-2280	Fee Fee Fee Code (\$) Code (\$) Fee Description	Fee Paid			
1	1051 130 2051 65 Surcharge – late filing fee or oath				
Deposit Robinson Intellectual Property	1052 50 2052 25 Surcharge – late provisional filing fee or cover sheet				
Robinson Intellectual Property Law Office	1053 130 1053 130 Non-English specification				
Charge Any Additional Fee Required	1812 2,520 1812 2,520 For filing a request for ex parte reexamination				
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action				
credit overpayments	1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action				
Applicant claims small entity status. See 37 CFR 1.27	1251 120 2251 60 Extension for reply within first month				
2. E Payment Enclosed:	1252 450 2252 225 Extension for reply within second month				
	1253 1020 2253 510 Extension for reply within third month				
Check L. Credit Card L. Money L. Other Order	1254 1,590 2254 795 Extension for reply within fourth month				
FEE CALCULATION	1255 2,160 2255 1080 Extension for reply within fifth month				
1. BASIC FILING FEE	1401 500 2401 250 Notice of Appeal				
Large Entity Small Entity	1402 500 2402 250 Filing a brief in support of an appeal				
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	1403 · 1000 2403 500 Request for oral hearing				
	1451 1,510 1451 1,510 Petition to institute a public use proceeding				
- 1001 300 2001 150 Utility filing fee	1452 500 2452 250- Petition to revive – unavoidable				
1311 200 2311 275 Examination fee	1453 1,500 2453 750 Petition to revive – unintentional				
Over 100 Sheets/250 for each additional 50	1501 1,400 2501 700 Utility issue fee (or reissue)				
	1502 800 2502 400 Design issue fee				
	1503 1100 2503 550 Plant issue fee				
(0)	1462 400 1462 400 Petitions, Group I				
SUBTOTAL (1) (\$)	1463 200 1463 200 Petition, Group II 1464 130 1464 130 Petitions, Group III				
2. EXTRA CLAIM FEES	1807 50 1807 50 Processing fee under 37 CR 1.17(q)				
Fee from	1806 180 1806 180 Submission of Information Disclosure Stmt	\$180.00			
Total Claims -20** = X \$50 = Fee Paid	8021 40 8021 40 Recording each patent assignment per property (times number of properties)				
Independent -3** = X \$200 = Claims	1809 790 2809 395 Filing a submission after final rejection (37 CFR				
Multiple Dependent =	§ 1.129(a)) 1810 790 2810 395 For each additional invention to be examined (37 CFR § 1.29(b))				
Large Entity Small Entity	1801 790 2801 395 Request for Continued Examination (RCE)				
Fee Fee Fee Fee Description Code (\$) Code (\$)	1802 900 1802 900 Request for expedited examination of a design application				
1202 50 2202 25 Claims in excess of 20	Other fee (specify)				
1201 200 2201 100 Independent claims in excess of 3					
1203 360 2203 180 Multiple dependent claim, if not paid	* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 180.00				
1204 200 2204 100 ** Reissue independent claims over	,				
original patent 1205 50 2205 25 ** Reissue claims in excess of 20 and	CERTIFICATE OF MAILING				
over original patent	I hereby certify that this correspondence is being deposited with the United States Postal				
SUBTOTAL (2) (\$)	sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on 9-28.05.				
**on number previously paid, if greater; For Reissues, see above	- www.iii Clainger				
CLIDAUTTED DV					

SUBMITTED BY Complete (if applicable)
Telephone (571) 434-6789 Registration No. (Attorney/Agent) Eric J. Robinson 38,285 Name (Print/Type) Telephone Signature 7-28-05 Date